



# COUNTY OF LOS ANGELES

## DEPARTMENT OF HUMAN RESOURCES

HEADQUARTERS  
579 KENNETH HAHN HALL OF ADMINISTRATION • LOS ANGELES, CALIFORNIA 90012  
(213) 974-2406 FAX (213) 621-0387

BRANCH OFFICE  
3333 WILSHIRE BOULEVARD • LOS ANGELES, CALIFORNIA 90010  
(213) 738-2222 FAX (213) 637-0820

**MICHAEL J. HENRY**  
DIRECTOR OF PERSONNEL

September 5, 2008

To: Each Supervisor

From: Michael J. Henry  
Director of Personnel

Subject: **LA COUNTY STARS! – NOVEMBER 2008**  
**(SPECIAL TALENTS FOR ACHIEVING REMARKABLE SERVICE)**

**LA COUNTY STARS!** is an exciting new program which replaces the Employee of the Month Program and serves to recognize employee performance reflective of the County mission statement and values. Under **LA COUNTY STARS!**, management and non-management employees, individuals, and teams may be recognized.

Consistent with the County mission statement and values, your office may submit only one nomination (individual or team) per month. These nominations should reflect the positive image of County employees and provide an excellent opportunity for enhancing staff morale. Please note that the number of awards given each month will depend upon the number of nominees who meet the threshold criteria based upon the points awarded for each entry (18 out of 20 points required for consideration).

Your office's nomination is requested by October 1, 2008. Please submit the appropriate three-page nomination form for your nominee/team from one of the four Strategic Plan Organizational Goal categories of:

- Service Excellence
- Workforce Excellence
- Organizational Effectiveness
- Fiscal Responsibility

For the month of November 2008, the **LA COUNTY STARS!** Strategic Plan goal category award ceremonies will take place as follows:

November 4	Service Excellence
November 4	Workforce Excellence
November 18	Organizational Effectiveness
November 18	Fiscal Responsibility

Each Supervisor  
September 5, 2008  
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Your nomination for **only one** of the above categories should be sent to John S. Mina, Program Coordinator, at 3333 Wilshire Boulevard, Suite 1000, Los Angeles, CA 90010. These forms are available via an e-mail request to [lacountystars@hr.lacounty.gov](mailto:lacountystars@hr.lacounty.gov) or you may download them from the **LA COUNTY STARS!** Web site, <http://stars.lacounty.gov>. **The Department of Human Resources (DHR) will become the sole proprietor of all nominations; consequently, we are unable to provide or produce copies for departmental use.** The nomination forms, along with the selection criteria and suggestions for documentation and two sample nominations, are attached for your use.

Please note that the total score for your office's entry will be based upon the points assigned to the required nomination form criteria and the shared values checklist. Following the selection and notification of **LA COUNTY STARS!**, the Board of Supervisors will recognize the individual(s)/team(s) on the Board meeting dates as noted above. If you have any questions, please call me at (213) 974-2406 or Susan Toy Stern of my staff at (213) 974-2631.

Thank you.

MJH:STS  
SWB:rr

Attachments



**Employee/Team Nomination (Monthly)**  
**LA COUNTY STARS! (Special Talents for Achieving Remarkable Service)**  
**Service Excellence**

**Employee/Team Name** (use space provided below to enter Team Members' information):

**Payroll Title**

**Years in County Service:**

**Department Name**

**Division of Department**

**Work Address** (for teams, please attach a separate sheet):

**Work Telephone Number:**

**Work E-mail Address**

**Please provide the name of a staff person who may be contacted if DHR staff have questions about the details of this nomination:**

**Name:**

**Phone Number:**

**This nomination is submitted by the following departmental administrators:**

**Signature of Nominator:**

**Date:**

**Name, Title, Mailing Address of Nominator:**

**Phone Number:**

**Fax Number:**

**Department Head's Signature:**

**Date:**

**Team Member(s) Information**

<b>Name</b>	<b>Title</b>	<b>Department /Division</b>	<b>Years of Service</b>	<b>Telephone</b>	<b>E-mail</b>
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**Please use Arial font; no less than 11 pitch for all entries**



Employee /Team Name(s): \_\_\_\_\_

**Service Excellence:** Providing the public with easy access to quality information and services that are both beneficial and responsive.

1. Describe how the nominee improved the quality or delivery of a service product. *Internal Use Only*

\_\_\_\_\_

2. Describe how the nominee responded to customer requirements in an exemplary, timely, and courteous manner.

\_\_\_\_\_

3. Describe how the nominee solved customer problems/concerns quickly and innovatively.

\_\_\_\_\_

## SHARED VALUES CHECKLIST

How well did the nominee reflect the County of Los Angeles' Shared Values in accomplishing their results? **Please note:** It is important to provide specific examples of shared values as they are a critical component of the rating. A numerical score will be assigned to each shared value and will be carefully considered in compiling the candidate's overall score.

*Internal Use Only*

**A can do attitude** – approaches each challenge believing that, together, a solution can be achieved.

\_\_\_\_\_

**Accountability** – accepts responsibility for the decisions made and the actions taken.

\_\_\_\_\_

**Compassion** – treats those we serve and each other in a kind and caring manner.

\_\_\_\_\_

**Commitment** – goes the extra mile to achieve our mission.

\_\_\_\_\_

**Integrity** – acts consistent with our values.

\_\_\_\_\_

**Professionalism** – performs to a high standard of excellence.

\_\_\_\_\_

**Respect for Diversity** – places value on the uniqueness of every individual and their perspective.

\_\_\_\_\_

**Responsiveness** – takes the action needed in a timely manner.

\_\_\_\_\_

**BONUS:** Describe how the nominee employed **collaboration** in their achieving results.

\_\_\_\_\_

*Initial*

\_\_\_\_\_



**Employee/Team Nomination (Monthly)**  
**LA COUNTY STARS! (Special Talents for Achieving Remarkable Service)**  
**Organizational Effectiveness**

**Employee/Team Name** (use space provided below to enter Team Members' information):

**Payroll Title**

**Years in County Service:**

**Department Name**

**Division of Department**

**Work Address** (for teams, please attach a separate sheet):

**Work Telephone Number:**

**Work E-mail Address**

**Please provide the name of a staff person who may be contacted if DHR staff have questions about the details of this nomination:**

**Name:**

**Phone Number:**

**This nomination is submitted by the following departmental administrators:**

**Signature of Nominator:**

**Date:**

**Name, Title, Mailing Address of Nominator:**

**Phone Number:**

**Fax Number:**

**Department Head's Signature:**

**Date:**

**Team Member(s) Information**

<b>Name</b>	<b>Title</b>	<b>Department /Division</b>	<b>Years of Service</b>	<b>Telephone</b>	<b>E-mail</b>
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Employee /Team Name(s): \_\_\_\_\_

**Organizational Effectiveness:** Ensuring that service delivery systems are efficient, effective and goal-oriented.

*Internal Use Only*

1. Describe how the nominee demonstrated the ability to analyze, assess and improve the effectiveness of the organization. \_\_\_\_\_

2. Describe how the nominee streamlined business processes and made the organization more efficient. \_\_\_\_\_

3. Describe how the nominee fostered teamwork and/or collaboration to accomplish goal(s). \_\_\_\_\_

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**BONUS:** Describe how the nominee employed **collaboration** in their achieving results.

\_\_\_\_\_

*Initial*

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**Employee/Team Nomination (Monthly)**  
**LA COUNTY STARS! (Special Talents for Achieving Remarkable Service)**  
*Workforce Excellence*

**Employee/Team Name** (use space provided below to enter Team Members' information):

**Payroll Title**

**Years in County Service:**

**Department Name**

**Division of Department**

**Work Address** (for teams, please attach a separate sheet):

**Work Telephone Number:**

**Work E-mail Address**

**Please provide the name of a staff person who may be contacted if DHR staff have questions about the details of this nomination:**

**Name:**

**Phone Number:**

***This nomination is submitted by the following departmental administrators:***

**Signature of Nominator:**

**Date:**

**Name, Title, Mailing Address of Nominator:**

**Phone Number:**

**Fax Number:**

**Department Head's Signature:**

**Date:**

**Team Member(s) Information**

<b>Name</b>	<b>Title</b>	<b>Department /Division</b>	<b>Years of Service</b>	<b>Telephone</b>	<b>E-mail</b>
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***Please use Arial font; no less than 11 pitch for all entries***

Employee /Team Name(s): \_\_\_\_\_

Workforce Excellence: Enhancing the quality and productivity of the County workforce.

Internal Use Only

1. Describe how the nominee demonstrated initiative or creative ability in the development and improvement of methods, procedures, or devices resulting in substantially increased productivity and efficiency. \_\_\_\_\_

2. Describe how the nominee significantly exceeded goals while performing a priority assignment. \_\_\_\_\_

3. Describe or list any training or skill development used by the nominee in creating program(s) to enhance the quality and productivity of the County workforce. \_\_\_\_\_

## SHARED VALUES CHECKLIST

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**BONUS:** Describe how the nominee employed **collaboration** in their achieving results. \_\_\_\_\_

*Initial*

*Dept No.*



**Employee/Team Nomination (Monthly)**  
**LA COUNTY STARS! (Special Talents for Achieving Remarkable Service)**  
**Fiscal Responsibility**

**Employee/Team Name** (use space provided below to enter Team Members' information):

**Payroll Title**

**Years in County Service:**

**Department Name**

**Division of Department**

**Work Address** (for teams, please attach a separate sheet):

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**Department Head's Signature:**

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**Team Member(s) Information**

<b>Name</b>	<b>Title</b>	<b>Department /Division</b>	<b>Years of Service</b>	<b>Telephone</b>	<b>E-mail</b>
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**Please use Arial font; no less than 11 pitch for all entries**



Employee /Team Name(s): \_\_\_\_\_

Fiscal Responsibility: Strengthening the County fiscal capacity.

1. Describe how the nominee safeguarded County assets and effectively managed funds within the organization.
- Internal Use Only
- \_\_\_\_\_

2. Describe how the nominee developed innovative, cost-saving procedures, processes or programs.
- \_\_\_\_\_

3. Describe how the nominee implemented performance-based management and decision-making skills based on *Performance Counts!* data.
- \_\_\_\_\_

## SHARED VALUES CHECKLIST

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*Dent No.*